

RECEIVED
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2016 DEC -1 AM 11:24

S.D. OF N.Y.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

David Johnson

16CV9341

No. _____

(To be filled out by Clerk's Office)

Write the full name of each plaintiff.

-against-

COMPLAINT

(Prisoner)

Department of Correction

Bob Barker

Warden Robin Bealieu

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

David

First Name

J

Middle Initial

Johnson

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

8251600736

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Brooklyn Detention Complex

Current Place of Detention

275 Atlantic Ave.

Institutional Address

Kings - Brooklyn

County, City

NY

State

11201

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Bob Barker Shield #
 First Name Last Name
owner of Mattress
 Current Job Title (or other identifying information)
7925B Purfoy Road
 Current Work Address
Fugay - Varina NC 27526
 County, City State Zip Code

Defendant 2:

Robin Boulton Shield #
 First Name Last Name
Warden for Brooklyn Detention Complex
 Current Job Title (or other identifying information)
275 Atlantic Ave
 Current Work Address
Kings - Brooklyn NY 11201
 County, City State Zip Code

Defendant 3:

First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
County, City State Zip Code

Defendant 4:

First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Brooklyn Detention Complex

Date(s) of occurrence: 8-03-2016

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

When incarcerated at Brooklyn Detention Center, The department of corrections issued a mattress to sleep on and the tag on the mattress clearly states that it should be used without a foundation, but it was given to us to sleep ~~with~~ on a metal foundation which is causing sharp excruciating pain in lower back and my left leg & knee.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I am experiencing excruciating back pain & pain in my left leg that causes numbness and shocks of pain that feel like needles.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I would like for the court to make the department of corrections order real sleeping mattresses made for sleep and not mats that clearly states its not to be used for sleep. I would also order the court to ask for a lawsuit of up to \$1 million dollars because it damaged my lower back and legs which I use in my every day life.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

October 7th, 2016

Dated

David Johnson

Plaintiff's Signature

David

First Name

J

Middle Initial

Johnson

Last Name

275 Atlantic Avenue

Prison Address

Kings - Brooklyn

County, City

NY

State

11201

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: _____

Manufactured by:
Bob Barker Co., Inc.
7925 Purfoy Road
Fuquay-Varina, NC 27526

Date of Manufacture:

JV3075465BL

Model:

Prototype ID: PJM25754-1

This mattress meets the requirements of
16 CFR 1633 (federal flammability (open
flame) standard for mattress sets) when
used without a foundation.

**THIS MATTRESS
IS INTENDED TO BE USED
WITHOUT A FOUNDATION**

**UNDER PENALTY OF LAW THIS
TAG NOT TO BE REMOVED
EXCEPT BY THE CONSUMER**

**ALL NEW MATERIAL
Consisting of
100% THERMALLY BONDED
FIRE RESISTANT
POLYESTER STAPLE**

REG. NO. NC-769

Certification is made by the manufacturer
that the materials in this article are
described in accordance with law.

**MADE BY
BOB BARKER CO. INC
7925B PURFOY ROAD
FUQUAY-VARINA, NC 27526**

**Patent #6,807,694
MADE IN USA**

WARNING

Improper cleaning and/or disinfection will shorten
the life of this product.

Cleaning/Disinfection Instructions

Soils and stains: use soft sponge with neutral
suds and warm water.
Hard to clean spots: use standard liquid
household vinyl cleaners
and soft sponge.
Pre-soak if needed.

Do Not Use

Harsh Cleaners or Solvents.

Disinfection: dilute disinfectants and/or
germicides as specified on
manufacturer's product label.

Use Disinfectants Only

**In Those Dilutions Recommended
By the Manufacturer.**

Bob Barker Company, Inc. Fuquay-Varina



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Form Version: NYC-COMPT-BLA-PI1-M

Personal Injury Claim Form

Claim must be filed *in person or by registered or certified mail within 90 days of the occurrence* at the NYC Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be *notarized*. If claim is not resolved within 1 year and 90 days of the occurrence, you must start legal action to preserve your rights.

TYPE OR PRINT

I am filing: ☒ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

Johnson

First Name:

David

Relationship to the claimant:

Self

Claimant Information

*Last Name:

Johnson

*First Name:

David

Address:

485 Herzl street

Address 2:

1369 Prospect Ave.

City:

Brooklyn

State:

New York

Zip Code:

11212

Country:

United States

Date of Birth:

8/7/1985

Format: MM/DD/YYYY

Soc. Sec. #

127-78-6691

HICN:

(Medicare #)

Date of Death:

Format: MM/DD/YYYY

Phone:

718-759-8816

Email Address:

Occupation:

Home Improvement/Construction

City Employee?

☐ Yes ☐ No ☐ NA

Gender

☒ Male ☐ Female ☐ Other

☐ Attorney is filing.

Attorney Information (If claimant is represented by attorney)

Firm or Last Name:

Firm or First Name:

Address:

Address 2:

City:

State:

Zip Code:

Tax ID:

Phone #:

Email Address:



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

The time and place where the claim arose

*Date of Incident:

8/23/16

Format: MM/DD/YYYY

Time of Incident:

5:00 PM

Format: HH:MM AM/PM

*Location of Incident:

8th Floor HOUSing
Area, 8B Side

Address:

Address 2:

City:

State:

Borough:

Brooklyn Detention Center
275 Atlantic Ave
Brooklyn, NYC
New York
Brooklyn

*Manner in which claim arose:

Attach extra sheet(s) if more room is needed.

From and or around July, 19th I have been subjected to sleep on mattresses that are said to be mattresses. Instructions on the matt say "not ~~to~~ to be used with a foundation. These sleeping arrangements made by Department of Corrections have caused me to suffer severe back pains, Neck problems knee stiffness and over all chronic pain. When home working construction that's my source of income. Because of the poor sleeping mattresses given by D.O.C. It has kept me in a distracted state from pain.

The items of damage or injuries claimed are (include dollar amounts):

Attach extra sheet(s) if more room is needed.

Back Pain, Neck Pain and Knee pains...
~~Back~~ \$500.000



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Medical Information

1st Treatment Date:		Format: MM/DD/YYYY
Hospital/Name:		
Address:		
Address 2:		
City:		
State:		
Zip Code:		
Date Treated in Emergency Room:		Format: MM/DD/YYYY
Was claimant taken to hospital by an ambulance?		
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA		

Employment Information (If claiming lost wages)

Employer's Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	
Work Days Lost:	
Amount Earned Weekly:	

Treating Physician Information

Last Name:	
First Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Witness 1 Information

Last Name:
First Name:
Address
Address 2:
City:
State:
Zip Code:

Witness 4 Information

Last Name:
First Name:
Address
Address 2:
City:
State:
Zip Code:

Witness 2 Information

Last Name:
First Name:
Address
Address 2:
City:
State:
Zip Code:

Witness 5 Information

Last Name:
First Name:
Address
Address 2:
City:
State:
Zip Code:

Witness 3 Information

Last Name:
First Name:
Address
Address 2:
City:
State:
Zip Code:

Witness 6 Information

Last Name:
First Name:
Address
Address 2:
City:
State:
Zip Code:



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Complete if claim involves a NYC vehicle

Owner of vehicle claimant was traveling in

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

Non-City vehicle driver

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

Insurance Information

Insurance Company
Name:

Address

Address 2:

City:

State:

Zip Code:

Policy #:

Phone #:

Non-City vehicle information

Make, Model, Year
of Vehicle:

Plate #:

VIN #:

City vehicle information

Plate #:

City Driver Last
Name:

City Driver First
Name:

**Description of
claimant:**

- ☐ Driver ☐ Passenger
☐ Pedestrian ☐ Bicyclist
☐ Motorcyclist ☐ Other

***Total Amount
Claimed:**

\$500,000

Format: Do not include "\$" or ",".

October 4, 2016
Date

David Johnson
Signature of Claimant

State of New York
County of Kings

I, David Johnson

, being duly sworn depose and say that I have read the foregoing
NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated
to be alleged upon information and belief, and as to those matters. I believe them to be true.

Sworn before me this day 4th October 2016

Signature of
Claimant

David Johnson

Signature of notary

S. Gressom
Commissioner of Deeds
City of New York 2-13098
Certification in Kings County
Commission Expires in June 2017

* Denotes required field(s).

Manufactured by:
Bob Barker Co., Inc.
7925 Purfoy Road
Fuquay-Varina, NC 27526

Date of Manufacture:

JV30754658L

Model:

Prototype ID: PJM25754-1

This mattress meets the requirements of
16 CFR 1633 (federal flammability (open
flame) standard for mattress sets) when
used without a foundation.

**THIS MATTRESS
IS INTENDED TO BE USED
WITHOUT A FOUNDATION.**

**UNDER PENALTY OF LAW THIS
TAG NOT TO BE REMOVED
EXCEPT BY THE CONSUMER**

**ALL NEW MATERIAL
Consisting of
100% THERMALLY BONDED
FIRE RESISTANT
POLYESTER STAPLE**

REG. NO. NC-769

Certification is made by the manufacturer
that the materials in this article are
described in accordance with law.

**MADE BY
BOB BARKER CO. INC
7925B PURFOY ROAD
FUQUAY-VARINA, NC 27526**

**Patent #6,807,694
MADE IN USA**

WARNING

Improper cleaning and/or disinfection will shorten
the life of this product.

Cleaning/Disinfection Instructions

Soils and stains: use soft sponge with neutral
suds and warm water.

Hard to clean spots: use standard liquid
household vinyl cleaners
and soft sponge.
Pre-soak if needed.

Do Not Use

Harsh Cleaners or Solvents.

Disinfection: dilute disinfectants and/or
germicides as specified on
manufacturer's product label.

**Use Disinfectants Only
In Those Dilutions Recommended
By the Manufacturer.**

Bob Barker Company, Inc. Fuquay-Varina

FROM:

David Johnson
1369 Prospect Ave
Bronx, NY 10459



1000



10007

U.S. POSTAGE
PAID
NEW YORK, NY
10007
NOV 22, 16
AMOUNT
\$8.20
R2305K137190-14

TO:

Pro Se office
United States District Court
Southern District of New York
Daniel Patrick Moynihan United States
Court House 500 Pearl St
New York, N.Y 10007

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SDNY

NOV 17 2016 11:23

S.D. OF N.Y.